

EDITORIAL

Medical Television

FOR MANY YEARS all mass media in the United States have found the practice of medicine and its effect on people an attention-getter. Newspapers, magazines, comic strips, radio, motion pictures and, more recently, television, have seized on this topic as a means of building up an audience. Everybody, it seems, is interested in health, either his own or someone's else.

Rex Morgan, M.D., Doctor Kildare and other fictional physicians have practiced on newspaper pages or on radio for many years. Their colleagues are legion in other mass media, including some reprobrates who cast dishonor on the profession but frequently enhance the entertainment value of a story or play. One is reminded of the only doctor in the frontier town in television's potboiling western films. He is either a saint who will attend a horse or a dog between calls on real people or a scoundrel who was drummed out of practice in "the east" and settled in a drunken stupor in a town so remote from civilization that he hopes to escape his less than laudable past.

It is noteworthy that all fictional physicians, be they "good guys" or "bad guys," are somehow set apart both by authors and by auditors as someone a little special. The title *doctor*, even when its holder disgraces it, automatically seems to mean an educated and responsible person, worthy of notice.

This implied respect is today alluded to in nostalgic remembrance of the old family doctor with his faithful horse and sagging buggy. Public awareness that both the doctor and his equipment have kept pace with the total developments of the Twentieth Century is sometimes lacking. Along with this loss of recognition has come a belittling in some quarters of the high position today's doctor actually maintains in preserving and bettering the health status of people.

Granted today's highly trained physician does not often sit chin-in-hand pondering through the night over a sick patient. The fact is that he doesn't need to go through this pious procedure; with his 1960 knowledge he has been able to diagnose and to prescribe therapy and can devote his time to other patients instead of puzzling for hours over what ails the sole patient in the classic picture.

What the public is prone to forget is that the doctor who eschews the bedside chair is not displaying a lack of interest or of integrity; he is simply devoting his training and skill to more patients, all of them with a much better prospect of recovery than their forebears had at the turn of the century.

This is one of the aspects which caused the California Medical Association last winter to vote for an augmented program of public relations. The program was planned around the problem of acquainting the public with today's physician, with his training, his skills and, above all, his limitations.

Nobody knows better than physicians that the practice of medicine is not an exact science. It has limitations, fortunately fewer each year, which may be obscured in the super-scientific hopes of today.

If a public relations program can succeed in portraying today's physician exactly as he is, that program will be a success. While it may in good conscience stress the physician's strong points, at the same time it must point out those areas where exactness and certainty may not reasonably be expected.

Current plans for the C.M.A. program encompass a series of television programs, each devoted to a single disease entity which is widely known to people and on which up-to-date knowledge may be explained to a mass audience. These programs would appear as public service programs on television stations throughout the state.

Each program would be accompanied by a "live" presentation by several local physicians who would discuss the topic of the program, the impact of the

particular disease on the local community and the resources available for handling the problem right at home.

In addition, the plan would take in two programs that would stress the more dramatic aspects of medical or surgical practice, such as cardiac operations, corneal transplants, aorta grafts and other procedures in which California viewers have shown intense interest in recent years.

To carry out this program, local cooperation will be vital. Local medical societies will be called upon to supply qualified discussants for the "live" portions of the programs. They will be asked to confer with local station operators for assignment of time. They will preview the TV films, plan their discussion procedures. They will even direct the attention of their patients to these public educational programs, even in competition with westerns and mysteries.

The Council of the California Medical Association is now engaged in previewing the pilot programs in this series and in conferring with physicians and technical consultants in order to produce the best and most technically accurate films that can be achieved.

The Council has asked all county medical soci-

eties in areas where TV stations exist to make preparations for this series and to participate in it. Specifically, it has asked that these societies name committees of interested and willing members who can attend to the local aspects of the statewide plans.

With the cooperation of the local societies the C.M.A. hopes to produce a series of TV presentations which will attract audiences throughout the state. If these programs can present to the public the physician of today as he really is, and can take the people into the confidence of the profession by open discussions over the air waves, much good will be done for the public and the profession alike.

If the traditions of the medical profession, the devotion to the care of the individual patient, the individual and personal attention of the physician and the placing of the patient's health above all other considerations can be portrayed, this program will be outstanding.

In the final analysis, such a program will represent one more example of the profession's use of a new tool—electronics—for better care and service to its patients. The opportunity should be used to the fullest.

